SECTION FOUR CONTINUUMS

I. CONTINUUM OF CARE CORE REQUIREMENTS

A. Scope of Services

The continuum of care is a service model with a focus on achieving the outcome of successful permanency for children in a family setting. Continuums have the flexibility to design individualized services for children and families, in coordination with a Child and Family Team, and the ability to customize the delivery of services to each child and family in the most appropriate manner. A continuum is an array of services for children with moderate to severe mental health and behavioral issues and their families, including:

1. residential services,
2. resource homes with wraparound services,
3. in-home services,
4. adoption services,
5. independent living services, and
6. support and services to the child's family.

The goal of all continuum services is timely permanency and well being for the children served.

B. Admissions /Clinical Services and Movement in a Continuum

Continuums must have the capacity for immediate admission of children into the program, including children who are just entering custody and for whom there is limited presenting information but initial review indicates the child's needs meet the scopes of services. Continuum providers will assist in initial assessment, planning, and service development for all children and families, within the timelines required by the Department of Children's Services.

1. Admission

   At admission, initial placement is made in the most appropriate placement, given assessments, referral information, community safety, clinical services, family liability/safety, and educational needs. Any child who is admitted to the contract is treated as a full admission. Each youth and family must have access to the full range of services as identified in the CFTM and follow policies related to the provider contract.

2. Movement

   Stability in placement is a priority for all children and families. Movement of a child should be minimal, if at all. Any movement of a child must be in coordination with a CFTM held with all involved adults and age appropriate child. The movement should also be determined to facilitate timely permanency and in the best interest of the child and family. Should a move be necessary due to an emergency situation, the DCS FSW must be informed and give permission prior to the move. If after hours, notification and permission must be obtained the next business day. A CFTM must be held within three (3) business days in these situations. A Notice of Action is required for any disruption, termination, or discontinuation of services. The agency, in coordination with the child and family team, must have services available that are targeted to reduce instances of disruption or moves for all children. These services should be designed specifically for children

identified by presenting information or evaluations, as being at risk for disruption or move.

3. Respite

   Respite is defined as a brief break in care, usually seventy-two (72) hours or less, with the child returning to the original placement. Any other placement is considered a move and reported and reviewed by a CFTM as a move.

4. Move Towards Permanency

   In some cases, a client may be eligible for a more appropriate level of care currently provided by the continuum (for example, the client is Level III and now meets criteria for Level II). This decision is to be made in the context of the CFTM, and there must be clear documentation and reasoning to decrease the intensity of services to the client. If the provider does not agree that a client should be transitioned, then the appeals guidelines outlined in the core section of this manual should be used.

C. Personnel Ratio

1. Adequate care and supervision is provided at all times to assure that children are safe and that their needs are met, in accord with their developmental level, age, and emotional or behavioral problems, and include
   a. at least one on duty child care worker providing continuous supervision for each living group of eight children or youth;
   b. higher adult/child ratios during periods of greater activity;
   c. availability of additional or back up child care personnel for emergency situations or to meet special needs presented by the children in care; and
   d. overnight awake staff at 1:8 ratio.
2. No more than five (5) experienced providers of case coordination or casework service report to one (1) supervisor.
3. The case loads for personnel providing direct counseling and case coordination services do not exceed fifteen (15) residents, and may be adjusted according to current case responsibilities.
4. The agency has the services of a licensed physician available on at least an on-call basis to provide and/or supervise medical care.

D. Resource Parent Training

The agency will meet all criteria as outlined in Core Standards for Foster Care.

E. Individualized Treatment Plans

The agency will meet all criteria as outlined in Core Standards.

F. Service Overview

The primary focus and goal of the continuum is the development and implementation of individualized, flexible services specifically designed to meet the unique needs of each child and family. A Child and Family Team meeting is the primary decision-making and case-planning tool used by the Contract Agency and Department of Children's Services staff. This process actively encourages all children and their family members, and other involved adults to participate in decisions and assessments regarding safety, placement, permanency, family

strengths, and underlying needs. CFTMs are convened at all critical decision-making junctures and are used in development and implementation of treatment planning. Individualized treatment plans outline coordination of the services and resources with the needs and strengths of the family, specifying the desired outcomes and projected time frames.

G. Service to the Child/Youth Refer to Services for All Children in Custody in Core Standards

Intensive In-Home Services

1. Providers of continuum services have the flexibility to deliver the level of services needed by the child and family in the most appropriate setting.
2. Ideally, the services may be provided in the child's home, or identified permanency person's home, with the support and services necessary, at the intensity level required for the child and family to be successfully reunified.

Face-to-Face Services/Contact

1. An essential component in intensive in-home services is face-to-face support, counseling, and coordination with the family.
2. The face-to-face contact must support the family dynamic; required contact may be with the parent only, child only, or both.
3. Face-to-face contact should focus on relationship building, ongoing evaluation of strengths, assessment of barriers with interventions, and evaluation of goals established by the CFT.
4. The initial face-to face meeting must be within forty-eight (48) hours after child is placed in an in-home placement.
5. Minimum requirements for intensive in-home services are as follows:
   a. three face-to-face sessions per week for the first month and then two thereafter or as specifically outlined and determined, and documented as a result of a CFTM
   b. staff providing services must meet all minimum requirements for education, training, and supervision as outlined in Core Standards
   c. services must be flexible and meet the needs and schedule of child and family as determined in the CFTM
   d. 24/7 on-call availability for crisis response

Transition to In-Home Placements

1. For children moving to in-home placements, a Child and Family Team Meeting must occur no less than at the following intervals:
   a. prior to transition to in-home placement
   b. between 30 and 45 days following transition
   c. as determined by the CFTM for ongoing evaluation and planning
   d. at critical decision-making events for the child and family
   e. prior to discharge from services
2. While the child remains in care (in custody), DCS will convene the meetings. When the child is released from custody, the continuum provider will be responsible for convening the meetings.
3. The provider must develop a treatment plan for in-home services in coordination with the CFTM.

The plan must specify goals, action steps, intensity, and frequency of intervention with anticipated time frames to meet the goals.

4. The anticipated length of service provision will be determined by the CFTM at the meeting prior to transition to in-home and reviewed following transition.
5. The provider must provide in-home services for the length of service based upon these determinations.
6. Services may be anticipated to continue for a period of four (4) months but may end prior to this time frame, as determined by the unique needs of the child and family as determined by the CFTM.
7. There may be up to two extensions of one to three months each, if approved by a CFTM.
8. Continuum providers work in conjunction with the DCS FSW in order to acquire covered goods or services through flex funding to meet needs not in the scope of services.
9. The provider shall submit a report specifying the date of face-to-face visits, counseling sessions, visits, the services provided in the visits, and other coordinated services provided and progress toward all treatment goals during the time a child is in an in-home setting. These reports must be submitted to DCS on a monthly basis, or as requested by Departmental staff.
10. The provider must provide face-to-face visitation pursuant to the department's face-to-face visitation schedule (consistent with Brian A.) regardless of in-home services or the specifications as otherwise set out in the treatment plan.
11. If the services are not provided at the intensity level required by the CFTM, the Department of Children's Services shall conduct a service review.
12. The review may determine that the service will be discontinued, or may determine that the provider shall continue to provide the intensive in-home services as contractually specified, with increased reporting/monitoring to ensure service delivery.

H. Service to the Permanency Family

Family dynamics must be addressed and services outlined in the treatment plan as appropriate for the family. These services include but are not limited to

1. assessment of family strengths and service needs
2. parenting training and mentoring
3. effective relationship intervention and counseling
4. marital relationship counseling
5. family roles and responsibilities
6. safety planning
7. financial/budgeting/household management
8. collaboration with other systems that impact the child
9. school communication monitoring/liaison
10. pro-social peer group
11. EPSDT/ health coordination
12. medication management coordination and education

13. substance abuse assessment, education and intervention
14. extended informal community support service
15. formal community support services
16. disruption prevention
17. behavior intervention
18. domestic violence issues and intervention
19. setting appropriate and healthy boundaries

I. Service to the Resource Family

Agencies will comply with Section Two, Core Standards

J. Education of the Child/Youth

Agencies will comply with Section One, Core Standards, III Contract Program Requirements, Q, Educational Standards.

K. Documentation/Utilization Review

1. The provider, in conjunction with a Child and Family Team Meeting, shall review the treatment plan.
2. Documentation of the CFTMs, recommendations, and progress toward the established goals will be maintained and reported at least monthly to the Department of Children's Services' Family Services Worker, resource management unit, involved adult, if any, and the Advocacy Contractor.
3. Monthly progress reports and treatment summaries shall be completed for each child enrolled in the continuum program. Such reports shall be forwarded to the DCS Regional SAT Coordinators and the TennCare Advocates.
4. Monthly progress reports are reflective of the daily treatment notes, home visits, family and children visits and contact, coordinated meetings with departmental staff, court hearing, foster care review hearings, school liaison services, medical services, dates of parent and sibling visitation, and outline progress and barriers toward all identified treatment needs of the child and family.
5. A continuum provider shall provide notice to DCS, an Involved Adult (if any), and the Advocacy Contractor of the monthly treatment report and Type A incident reports as required by DCS policy. The notice required by this section shall include a copy of the treatment report and, in the case of the Involved Adult, shall be accompanied by information regarding the availability of the TennCare appeals process and how to invoke that process on the child's behalf.
6. There must be a treatment plan review and update at least quarterly, or when indicated as needed by the child, family, or as a result of a child and family team meeting.
7. The frequency and intensity of interventions may vary as the needs of a child and family change or as priorities are established through the CFTM.
8. A CFTM is required, with notice to all involved adults and the child, if age twelve or above, prior to reduction, change, or termination of services.
9. For each child admitted into the continuum, the CFTM shall have identified specific milestones for the child and family as progress is made toward permanency. Movement to a lower or higher intensity of care must be fully documented through a CFTM and includes required TennCare

Notice of Action.

10. Documentation, frequency and intensity of services must follow the requirements outlined in the Provider Policy Manual for the level of service and placement type.

11. Clinical Review There must be a clinical review, with all involved adults, clinical services providers, and the child in any situation when a child remains in residential treatment or group care in excess of six (6) months, continuing monthly or as determined by the CFT, until a less restrictive service is identified and/or developed. This review is part of a CFTM and includes the person(s) providing clinical services and the regional psychologist. The team will evaluate the ongoing need for residential services, develop a plan that facilitates discharge to less restrictive setting, recruitment of family support, or other services as appropriate to meet the child's clinical needs. The continuum provider requests that the Child and Family Team be convened and developed in these circumstances.

12. Performance Measures

    a. At least annually, the Department of Children's Services will review the agency's performance. Contract expansion, contract reduction, corrective action plans, admission and referral rate, and/or termination will be determined based on agency's performance as compared to same contract types and the agency's past performance in these areas.

    b. All children admitted to the contract and discharged from the continuum will become part of the provider's outcome evaluation and aftercare program. Discharge occurs when the child and family are no longer receiving reimbursable continuum services and as a result of a CFTM with all involved adults and age-appropriate child.

L. Discharge Criteria

1. Successful Discharge Discharge from the continuum to a permanency placement identified in the permanency plan is a successful discharge.

    a. Discharge planning is a result of a CFTM and Notice of Action completion.

    b. The CFT may determine that a child should be discharged from the continuum contract, moving to a regular foster care contract with a negotiated relative planned permanency living arrangement, independent living with support family, or to adult services provided through the Department of Mental Health/Developmental Disabilities and has successfully achieved permanency, completing continuum services and such transition best meets the needs of the child and family.

2. Unsuccessful Discharge Unsuccessful discharge is exit from the contract to a higher level of care, another agency of the same level of care, homelessness, and runaway without readmission, and detention or jail without return to the program.

    a. The continuum of care services model is designed to implement a variety of services based on the varying needs of children and families. It is expected that discharge of a child, prior to completion of the program, will not be requested. The provider shall not request the removal of a child from the program for such reasons as noncompliance with house rules, reported lack of "motivation," or lack of progress in the program.

    b. The provider may request in writing a CFTM to remove a child from the continuum program if the child has validated, diagnosed, or adjudicated behaviors, which would place him/her in the

category of children who are not eligible for admission to the program. The provider shall be expected to exhaust all available means of service intervention prior to requesting such discharges.

c. De-authorization should be a consensus decision among the provider, all involved adults, family, age appropriate children, and the DCS FSW. De-authorization follows a Child and Family Team Meeting.

d. The provider shall adhere to all state-approved guidelines for CFTM and discharge planning prior to any child's removal from the program. A Notice of Action is required for any determination, reduction, or suspension of services to all involved adults.

e. The provider shall be responsible for the provision of appropriate services to children placed in detention. In such cases, the child and family shall be provided with a revised treatment plan and the child shall be returned to an appropriate level within the continuum following release from detention.

II. LEVEL II CONTINUUM

A. Admission/Clinical Criteria

1. Children eligible for this level program have been identified by a mental health professional as having at least moderate emotional and/or behavioral problems and are in need of treatment.
2. Children may also have the following behavioral characteristics and/or treatment needs:
   a. Substance abuse treatment needs which require intervention and targeted services but do not indicate a need for acute services or detoxification;
   b. Children may be adjudicated delinquent, unruly, or dependent/neglect and there may be specific court imposed expectations for program intervention;
   c. Children may have a history of chronic runaway, manipulative behaviors, have difficulty maintaining self-control, display poor self-esteem, have difficulty in securing and maintaining close relationships with others, be habitually truant from school, have difficulty in accepting authority, and may have delinquent charges or court involvement history. Some children may be in need of psychotropic medication and follow up. At this level, children typically have need of behavioral and treatment intervention to be able to function in school, home, or the community because of multiple problems. Children requiring Level II have a need for constant adult supervision, behavioral intervention and counseling;
   d. Children may have treatment needs due to sexual, physical, and or emotional abuse or neglect, which require specialized therapies and coordination of interventions and services. This supercedes the problem-solving approach of the individual or group counseling components, which is needed by every child when it rises to the level of specialized therapy. Such therapy is provided by a licensed independent practitioner and coordinated through the provider.
3. Families of these children often have need for intervention, support, and coordination of services and may have multiple needs including need for counseling, alcohol and drug intervention, community support, mental health service coordination, domestic violence intervention, or other issues.
4. Children with a history of sexual offenses are eligible if they have successfully completed a sex offender treatment program and/or have been deemed not to pose a serious risk to the community as recommended by a recognized sex offender treatment professional.
5. These children have not successfully responded to less intensive interventions or have been denied admission or discharged from less intensive placements because of their emotional or behavioral problems.
6. A diagnosis of mental retardation may not be used as the sole basis to refuse admission to a child when the child's behavioral issues fall within the program's Scope of Service. Review of referrals of children with a diagnosis of mental retardation must be based on assessment of both the child's intellectual and adaptive level of functioning, using professionally accepted assessment instruments.
7. The agency may not deny admission to children who have been determined to meet the scope of services, provided the child is being placed according to his/her specific needs.
8. Children who are considered ineligible for Level II programs are those who are severely autistic,

actively psychotic, diagnosed with moderate or more severe mental retardation, unless the program is designed to serve children with mental retardation, or who are actively suicidal or homicidal. Other youth who are ineligible for this level treatment program are those who have displayed major acts of violence or aggression which indicate a risk to the community, such as rape, unless the program is designed to serve sex offenders, arson, assault with a deadly weapon, murder, or attempted murder within the past six (6) months.

B. Personnel

1. The service has qualified personnel who can meet the developmental and therapeutic needs of all children accepted for care and services.
2. The agency shall adhere to the personnel requirements for each placement type within the continuum, as outlined in the Core Standards, Foster Care, Therapeutic Foster Care, and Residential sections of this manual.

C. Service Overview

1. The agency shall meet the standards set forth in Section One, Core Standards; Foster Care; Therapeutic Foster Care; and Residential.

   At least 75% of children in a Level II Continuum must be in a family-based setting.
2. Each youth and family must have access to the full range of services as identified in the Child and Family Team meeting and follow policies related to this contract
3. Level II continuums develop and provide services in a flexible, individualized manner to best meet the needs of the child and family. Service needs are determined through the utilization of Child and Family Team meetings. Services are determined through a review of expected discharge placement as indicated in the child's Permanency Plan, referral information, history, and treatment needs of the child and family.
4. All services provided are to be culturally and linguistically competent, recognizing the cultural, language, and ethnic heritage of the children and families being served. Services must be provided in the context that respects and best meets the unique cultural and ethnic needs of a child and family.

D. Service Components Provided within the per diem

The following services are required within the per diem payment:

1. Counseling. Non-medically necessary intervention and support services in the form of individual, group, or family counseling, which address behavioral or mental health needs impairing social, educational, or psychological functioning.

   a. **Sexual Abuse and Sexual Perpetration Intervention and Counseling**. Behavioral intervention and support services to address issues related to sexual abuse and/or sexually reactive behaviors in coordination with outpatient therapy recommendations and the needs of the child and/or family.

   b. **Substance Abuse Counseling and Intervention**. Behavioral intervention and support services targeting issues related to alcohol and/or drug misuse in coordination with outpatient therapy recommendations and needs of the child and/or family.

2. **Coordination of Therapy Services**. Referral and coordination of medically necessary outpatient therapy services as indicated in the child's Permanency Plan and/or prescribed to meet the

mental health needs of the child.

3. **Case Management**. Case management/coordination services are provided by an individual, who at a minimum has a bachelor's degree in one of the social sciences and at least one year of social services experience. Case management includes coordination with the Child and Family Team in the development and implementation of the treatment plan, monitoring the implementation of this plan, and locating all services and placements a child and/or family may need while enrolled in the continuum. Case Management includes participating in all Child and Family Team Meetings, attending all foster care review meetings, and court hearings. It also includes documenting progress, barriers and resolution to these barriers, maintaining contacts with the DCS FSW, revising the treatment plan as needed, maintaining ongoing contacts with the child and/or family, planning and implementing the progression of the child and/or family through the continuum. Child and Family Meetings will be utilized at all critical decision making points.
4. **Family Services**. Services provided to family members and persons identified in the Permanency Plan or Child and Family Team Meeting or who are identified as discharge options, which facilitate reunification, kinship care, permanency, or adoption. Services to families include linking families to community resources and services to increase stability and meet the goals of the permanency plan. Services to the family begin at the admission of the child into the contract and are fully incorporated into all treatment plans. Flexible funding may be requested through the DCS FSW to address the basic living needs of the family (rent, utilities, child care, etc.), or identified service needs that are not covered in the Scope of Services.
5. **Diligent Search**. This service is a search for potential family members to be a support or placement for a child and/or recruitment of family or individual to be an adoptive, resource, relative, or planned permanency living arrangement support for a child.
6. **Independent Living Services**. These services include counseling, skill building, service coordination, and life skills coaching/support that focus on facilitating the skills and support for the child to live successfully and independently in the community. Age appropriate self-sufficiency skills must be incorporated into treatment plans for all children. Children ages fourteen (14) and above must have specific independent living skills training and development incorporated into service and treatment plans. Establishing connections with persons able to provide support throughout the child's life is an essential component of this service and to successful independence. Chaffee Independent Living Funding may be used to augment services as outlined in Independent Living Policy.
    a. **Job Placement Assistance**. Assistance provided by the Provider, contracted staff, certified guidance counselor, school system, or other approved entity, in helping a child find appropriate part or full-time employment.
    b. **Vocational Assessments/Services/Planning/Training**. Administering and implementing vocational aptitude assessments, interest surveys, vocational planning and coaching, and vocational training. Services for vocational training and coaching may be accomplished through enrollment in vocational training courses or approved apprenticeships.
    c. **Self Sufficiency Skill Training**. Evaluation of the level of independent living skills, with targeted training, mentoring, coaching, and teaching of skills to enable independence as part of the treatment plan and delivery

d. **Development of Planned Permanency Living Arrangement Contract**. Development and signature of P.P.L.A. contract for youth, specifying relatives or adult(s) committing to ongoing support, as appropriate for the child.

e. **Transitional Living Services**. Career planning, enrollment preparation for post secondary education, apartment living, or other appropriate services for children moving to independence

7. **Adoption Services**. Continuums are required to provide the full range of adoption services to all children in DCS full guardianship in the care of the Continuum whose goal is adoption. The Continuum Provider will provide full case management services for foster care and for adoption, if appropriate; perform all steps necessary to prepare the child for adoption; perform all steps necessary to provide diligent search for an adoptive family and prepare the adoptive family; perform all services necessary to place the child for adoption, including compliance with legal requirements and other binding documents, ICPC, and securing adoption assistance when the child is eligible; perform post placement services through finalization of the adoption; provide post finalization services; respond to disruptions; and complete all required reports and procedures, including sealing of the adoption record. Continuum Providers will be reimbursed at the per diem rate for the adoption services delivered up to the date of the signing of the adoption placement agreement with an adopting family. *See Section Eight -ADOPTION*

8. **Adjunct and Specialized Services**. The needs of each child and family are unique. All services must be individualized, based on the needs of the child and family and barriers identified by the CFT.

- Services may be obtained by utilizing community resources, developed by the Agency, or obtained through a subcontract arrangement.
- Services identified by the CFT as necessary for the child and family that are not covered in the Scope of Services may be accessed or developed through a flex funding request made by the DCS FSW. Appropriately licensed certified and supervised professionals must provide out patient, medically necessary therapy and medical services to include:

a. **Parenting Skills Training.** Individualized coaching and training to assist parents with issues related to discipline, child development, child-rearing skills, and behavioral intervention. Services must meet the needs of the family as identified in the Permanency Plan and be available at times, locations, which best meet the family's needs.

b. **Dietetic and Nutrition Services**. Services that are necessary to address issues related to diabetes control, obesity, malnutrition, and/or eating disorders.

c. **Coordination of Medical and Nursing Services**. Coordination and documentation of all Early Periodic Screening Diagnosis and Treatment (EPSDT) services provided by a licensed health care provider of the type and duration indicated by documented medical need.

d. **Crisis Intervention/Stabilization**. Services provided on a twenty-four (24) hour basis to a child and/or family experiencing a medical, mental health, parent/child interaction, or other significant emergency need. Services must, at a minimum, be provided by an individual with a bachelor's degree in one of the social sciences with one-year experience and who has supervisory access to licensed professional possessing, at a minimum, a Master's Degree in one of the behavioral sciences.

e. **Emergency Placement Services**. Services will be available 24 hours a day through an on-call system that stabilizes children and families by locating alternative short-term placement in emergency situations.

f. **Respite**. Services to provide agency resource parents or family members appropriate periods of break in care giving. Respite is defined as a brief break in care, with the child returning to the original placement. Respite is generally seventy-two (72) hours or less in duration.

g. **Community Support Services**. Services include identification, recruitment, development, and referral to community services to support the service needs of the child and/or family to maintain and facilitate permanency. Coordination with community support is an essential component of services to children and families.

h. **Services for Developmentally Delayed Children**. Specialized services designed to address the developmental deficits and developmental skills needed and assistance with transitioning youth to adult services in coordination with the Department of Mental Health and Developmental Disabilities (DMRS).

i. **Family Planning Counseling and Referral**. Education and guidance provided to a child and/or family regarding planning/preventing childbirth. These services may include alternatives available for pregnant teens.

j. **Transportation Services**. Providing or coordinating transportation services to the child and/or family to ensure participation in provided services, court hearings, foster care review hearings, case related meetings, family visits and related services. Transportation over 150 miles round trip from the agency site, out-of-state visits, or out-of-state travel for reunification efforts may be supported by flex funding if recommended by the CFT.

k. **Placement Stability and Intervention**. These services include wraparound, emergency response, crisis intervention, or child/family specific intervention and support which stabilize placement and avoid movement or disruption. Services are available 24 hours on an on-call basis.

E. Services to the Family

When a child is in an out-of-home placement but the Permanency Plan has identified reunification with family as a goal, the agency must provide no less than two face-to-face contacts per month with the family, beginning within two weeks of admission. Visitation between the child and family, siblings, and others identified in the child's Permanency Plan must be flexible and coordinated as outlined by the CFTM. Family involvement guidelines include any individual(s) identified in the Permanency Plan or as a result of a CFTM who are identified as a permanency or discharge option for the child.

F. Education

1. **Educational Services**. There is a presumption that children in Level II contract will attend public school. Educational services must be met through the most appropriate setting to meet the educational and treatment needs of the child. This includes both general and special education programs. Programs must operate or subcontract for self-contained educational services, if there is an exception approved for the child to attend a self-contained educational program through a Child and Family Team Meeting, as outlined in Educational services policy. Providers of on-site educational programs must be approved as providers of this type of service by the Department of

Children's Services. Any child receiving educational services in a self-contained (in-house) school setting must be approved for these services through a Child and Family Team review, as outlined in Department of Children's Services educational policy.

2. **Educational Liaison**. Staff must be assigned to act as an educational liaison between the treatment program and the community-based educational system. This role will be to coordinate timely record transfer, school transition and to provide ongoing coordination and communication with the public school personnel. The liaison will act on behalf of the rights of the child to a free, appropriate public education. The private provider agency educational liaison coordinates, as needed, with the DCS Regional Educational Specialist and/or attorney for support or consultation. The liaison will be responsive to the needs of the school and coordinate information exchange within the limits of law and respect for the client's privacy.
   a. Tutoring/Mentoring – these services supplement services being provided by the local school system or private provider's in-house school.
   b. Former school records are obtained promptly upon admission and up to date records are provided to the new school when the child is referred elsewhere.

G. Placement Types

1. The Private Provider, in coordination with the Department of Children's Services staff, all involved adults, and age-appropriate child/youth identifies services needed by the child and family to progress to permanent placement out of State custody. Placement is determined through the use of this Child and Family Team Meeting, which addresses the treatment needs of the child and family, child safety issues or concerns, and community safety.
2. The Provider must provide, or have an approved subcontract for the following array of placements:
   a. **Level II Group Care** a group care facility which meets the Level II Scope of Services in the Provider Policy Manual. There is a presumption that children in Level II will attend public school. Educational services must be met through the most appropriate environment appropriate to meet the educational and treatment needs of the child. This includes both general and special education programs. **If a group care site operates an on-site school, the school must be approved by the State Department of Education and recognized by the Department of Children's Services.** Any child receiving educational services in a self-contained (in-house) school setting must be approved for these services through a Child and Family Team review, as outlined in Department of Children's Services educational policy.
   b. **Interdependent Living** a group home with eight (8) or fewer children in one location, which meets the scope of services for Level 1 in the Provider Policy Manual. This level of service includes specialized independent living programs. Placement in any Level 1 group care program with over eight (8) children in one location must be approved by the regional administrator and specifically recommended as the most appropriate placement site through a Child and Family Team Meeting. Children/youth in Interdependent Living Programs will attend public school. Educational services must be met through the least restrictive environment appropriate to meet the educational and treatment needs of the child. This includes both general and special education programs.
   c. **Therapeutic Foster Care** high intensity foster care which includes recruitment, training, and

support services to resource parents trained to meet the needs of youth who are appropriate for family based care but require a higher level of behavioral intervention, case coordination, and/or counseling services Children and resource families at this level of care require a high level of intervention, wraparound, and coordinated services to facilitate stability. There is a presumption that children in Level II will attend public school. Educational services must be met through the most appropriate environment appropriate to meet the educational and treatment needs of the child. This includes both general and special education programs.

d. **Foster Care** Each continuum has a separate foster care contract. When a Child and Family Team determines that the child and family do not require wraparound services, intensive behavioral intervention, and intensive case management, the team may recommend movement or transition from the continuum contract to a foster care contract. Children in Level II foster care will attend public school. Educational services must be met through the most appropriate environment appropriate to meet the educational and treatment needs of the child. This includes both general and special education programs.

e. **In-home Services** a wide array of services offered to families and children placed with family members. These services are coordinated and include, but are not limited to, services identified in the Permanency Plan as necessary to achieve permanency and stability for the child and family. Services must meet standards outlined in the Provider Policy Manual.

III. LEVEL III CONTINUUM OF CARE

A. Admissions/Clinical Criteria

The Level III Continuum of Care programs will meet all requirements stated in the Continuum of Care Core Requirements section of the Provider Policy Manual. The following requirements will also apply to all Level III Continuums.

1. Children have mental and behavioral health issues that require 24-hour intervention and supervision.
2. Children have been identified as having moderate mental health treatment needs.
3. There is evidence of an impairment of functioning in the following settings: family, school, and community. Children in this population may have significant disturbances in environmental relationships such as severe disruptions of relationships within the family or with significant others as well as persistent maladjustment of peer and other social relationships or other influencing systems, which interfere with learning and social development.
4. Children may have a serious disturbance of affect behavior or thinking or the potential for danger to self or others. There may be evidence of serious developmental disturbances such as a failure to achieve or behavioral patterns with destructive psychological physical or social consequences.
5. The need for a therapeutic, positively-based milieu to provide education, socialization and/or counseling/mentoring.
6. Children may be of any adjudication type.
7. Children appropriate for this level of care may have medical or psychiatric disorders which require twenty-four (24) hour intervention and supervision such as an eating disorder, disordered thought process, brittle unstable diabetes, suicidal ideations, sexual impulse disorders or impulsive acts of aggression.
8. Children in need of this level of care may have substance abuse treatment needs but are not in need of medical detoxification.
9. Children in this service type may need evaluation and assessment for psychotropic medication and medication management.
10. Children may pose high risk for elopement, instability in behavior and mental health status, or occasionally experience acute episodes.
11. Children with primary diagnosis of mental retardation are evaluated on a case-by-case basis. Children with an IQ lower than 55 or who have adaptive functioning indicating moderate to severe mental retardation are not appropriate unless the agency is licensed for this service type.
12. Children appropriate for this level of care shall not be in need of acute psychiatric hospitalization and/or require incarceration for major acts of violence or aggression within the past six (6) months.
13. The private provider agency may not reject children deemed appropriate for the scope of service.
14. Families of these children often have serious needs for intervention, support, and coordination of services and may have multiple needs including need for counseling, alcohol and drug intervention, community support, mental health service coordination, domestic violence intervention, or other issues.

B. Personnel

1. The service has qualified personnel who can meet the developmental and therapeutic needs of all children accepted for care and services.
2. The agency shall adhere to the personnel requirements for each placement type within the continuum, as outlined in the Core Standards, Foster Care, Therapeutic Foster Care, and Residential sections of this manual.
3. Adequate care and supervision are provided at all times to assure that children are safe and that their needs are met in accordance with their developmental level, age, and emotional or behavioral problems.
4. The provider agency has available the services of a licensed physician on at least an on-call basis to provide and/or supervise medical and mental health care on a 24-hour basis.
5. Depending on the needs of the children in care, the services of qualified professionals in various mental health disciplines, consultants and specialists in dentistry, medicine, nursing, education, speech, occupational and physical therapy, recreation, dietetics, and religion are available among the agency's personnel or through cooperative arrangements and are integrated with the core services of the agency to provide a comprehensive program.
    a. regular and specialized education
    b. individual therapy by a licensed clinician
    c. group therapy by a licensed clinician
    d. family therapy by a licensed clinician
    e. activity therapy
    f. specialized treatment services such as independent living training, values clarification, alcohol and drug intervention, sexual abuse, anger management
    g. alcohol and drug treatment by an alcohol and drug counselor with appropriate license or certification
    h. psychiatric treatment by a licensed psychiatrist onsite or available through local service as needed (psychiatric assessment, psychotropic review, crisis intervention)

C. Service Overview

1. The agency shall meet the standards set forth in SECTION ONE, Core Standards, Foster Care, Therapeutic Foster Care, Residential and Continuum of Care Core Requirements.

   At least 50% of all children in a Level III Continuum must be in a family-based setting.
2. Level III continuums develop and provide services in a flexible, individualized manner to best meet the needs of the child and family. Service needs are determined through the utilization of Child and Family Team Meetings. Services are determined through a review of expected discharge placement as indicated in the child's Permanency Plan, referral information, history, and treatment needs of the child and family.

D. Service Components within the per diem

The following services are required within the per diem payment:

1. **Therapy**. Requires direct services in the form of individual, group, and/or family therapy and treatment planning For programs specifically serving sex offenders, therapy must address sexual

perpetration issues in addition to meeting other therapy needs. Persons providing therapy must be appropriately licensed, certified, credentialed, OR supervised and must follow State health care provider licensing guidelines.

a. **Sexual Abuse Therapy and Sexual Perpetration Therapy**. Therapy and intervention services to address issues related to sexual abuse and sexually reactive behaviors

b. **Substance Abuse Therapy**. Therapy and intervention services targeting issues related to alcohol and/or drug misuse

2. **Intensive Day Treatment**. Involves structured group activities in residential and group care, designed to encourage, direct, and instruct children in the acquisition of skills needed to develop self-sufficiency and personal competence, and prevent or reduce the need for institutionalized care. Programs must operate or subcontract for intensive day treatment services licensed through Tennessee Department of Mental Health/Developmental Disabilities, for access by children identified as needing this level of intervention.

3. **Counseling.** Non-medically necessary intervention and support services in the form of individual, group, or family counseling, which address behavioral or mental health needs impairing social, educational, or psychological functioning.

a. **Sexual Abuse and Sexual Perpetration Intervention and Counseling**. Behavioral intervention and support services to address issues related to sexual abuse and/or sexually reactive behaviors in coordination with outpatient therapy recommendations and the needs of the child and/or family.

b. **Substance Abuse Counseling and Intervention**. Behavioral intervention and support services targeting issues related to alcohol and/or drug misuse in coordination with outpatient therapy recommendations and needs of the child and/or family.

4. **Referral and coordination of medically necessary outpatient therapy services** as indicated in the child's Permanency Plan and/or prescribed to meet the mental health needs of the child.

5. **Educational Services**. Educational services must be met through the most appropriate setting to meet the educational and treatment needs of the child. This includes both general and special education programs. Programs must operate or subcontract a self-contained educational service, if there is an exception approved for the child to attend a self-contained educational program through a CFTM. Providers must operate or have, through subcontract, on-site educational programs approved by the Department of Children's Services. Any child receiving educational services in a self-contained (in-house) school setting must be approved for these services through a CFTM, as outlined in Department of Children's Services educational policy.

a. Educational Liaison. A staff person must act as liaison between the treatment program and the community based educational system. This role will be to coordinate timely record transfer, school transition and to provide ongoing coordination and communication with the public school personnel. The liaison will act on behalf of the rights of the child to a free, appropriate public education. The Agency educational liaison coordinates, as needed, with the Department regional educational specialist and/or attorney for support or consultation. The liaison will be responsive to the needs of the school and coordinate information exchange within the limits of law and respect for the client's privacy.

b. Tutoring/Mentoring. These services supplement services being provided by the local school

system or Provider's in-house school.

6. **Case Management**. Case management/coordination services are provided by an individual, who at a minimum has a bachelor's degree in one of the social sciences and at least one year of social services experience. Case management includes coordination with the Child and Family Team in the development and implementation of the treatment plan and Family Service Plan, monitoring the implementation of this plan, and locating all services and placements a child and/or family may need while enrolled in the continuum. Case Management includes participating in all CFTMs, attending all foster care review meetings, and court hearings. It also includes documenting progress, barriers and resolution to these barriers, maintaining contacts with DCS, revising the treatment plan, as needed, maintaining ongoing contacts with the child and/or family, planning and implementing the progression of the child and/or family through the continuum. CFTMs will be utilized at all critical decision making points as outlined in the Engaging Families Policy.
7. **Family Services**. Services are provided to family members and persons identified in the Permanency Plan or the CFTM or who are identified as discharge options, which facilitate reunification, kinship care, permanency or adoption. Services to families include linking families to community resources and services to increase stability and meet the goals of the Permanency Plan. Services to the family begin at the admission of the child into the contract and are fully incorporated into all treatment plans. Flex funding may be requested through the DCS FSW to address the basic living needs of the family (rent, utilities, child care, etc.), or identified service needs which are not covered in the Scope of Services.
8. **Diligent Search**. This service is a search for potential family members to be a support or placement for a child and/or recruitment of family or individual to be an adoptive, resource, relative, or planned permanency living arrangement support for a child.
9. **Interdependent Living Services**. These services include counseling, skill-building, service coordination, and life skills coaching/support which focus on facilitating the skills and support for the child to live successfully and independently in the community. Age appropriate self-sufficiency skills must be incorporated into treatment plans for all children. Children ages fourteen (14) and above must have specific independent living skills training and development incorporated into service and treatment plans. Establishing connections with persons able to provide support throughout the child's life is an essential component of this service and to successful independence. Chaffee Independent Living Funding may be used to augment services as outlined in Independent Living Policy
    a. Job Placement Assistance. Assistance provided by the Provider, contracted staff, certified guidance counselor, school system, or other approved entity, in helping a child find appropriate part or full time employment
    b. Vocational Assessments/Services/Planning/Training. Administering and implementing vocational aptitude assessments, interest surveys, vocational planning and coaching, and vocational training. Services for vocational training and coaching may be accomplished through enrollment in vocational training courses or approved apprenticeships.
    c. Self-Sufficiency Skill Training. Evaluation of the level of independent living skills, with targeted training, mentoring, coaching, and teaching of skills to enable independence as part of the treatment plan and delivery

d. Development of Planned Permanency Living Arrangement Contract. Development and signature of P.P.L.A. contract for youth, specifying relatives or adult(s) committing to ongoing support, as appropriate for the child.

e. Transitional Living Services. Career planning, enrollment preparation for post secondary education, apartment living, or other appropriate services for children moving to independence

10. **Adoption Services**. Continuums are required to provide the full range of adoption services to all children in DCS full guardianship in the care of the Continuum whose goal is adoption. The Continuum Provider will provide full case management services for foster care and adoption, if appropriate; perform all steps necessary to prepare the child for adoption; perform all steps necessary to provide diligent search for an adoptive family and prepare the adoptive family; perform all services necessary to place the child for adoption, including compliance with legal requirements and other binding documents, ICPC, and securing adoption assistance when the child is eligible; perform post placement services through finalization of the adoption; provide post finalization services; respond to disruptions; and complete all required reports and procedures, including sealing of the adoption record. Continuum Providers will be reimbursed at the per diem rate for the adoption services delivered up to the date of the signing of the adoption placement agreement with an adopting family. *See Section Eight - ADOPTION*

11. **Adjunct and Specialized Services**. The needs of each child and family are unique. All services must be individualized, based on the needs of the child and family and barriers identified in CFTMs. Services may be obtained by utilizing community resources, developed by the Agency, or obtained through a subcontract arrangement. Services identified by the CFT as necessary for the child and family which are not covered in the Scope of Services may be accessed or developed through a flex funding request made by the DCS FSW. Appropriately licensed certified and supervised professionals must provide out patient, medically necessary therapy and medical services. Adjunct and Specialized Services include:

    a. Parenting Skills Training. Individualized coaching and training to assist parents with issues related to discipline, child development, child-rearing skills, and behavioral intervention. Services must meet the needs of the family as identified in the Permanency Plan and be available at times and locations which best meet the family's needs.

    b. Dietetic and Nutrition Services. Services which are necessary to address issues related to diabetes control, obesity, malnutrition, and/or eating disorders.

    c. Coordination of Medical and Nursing Services. Coordination and documentation of all Early Periodic Screening Diagnosis and Treatment (EPSDT) services provided by a licensed health care provider of the type and duration indicated by documented medical need.

    d. Crisis Intervention/Stabilization. Services provided on a twenty-four (24) hour basis to a child and/or family experiencing a medical, mental health, parent/child interaction, or other significant emergency need. Services must, at a minimum, be provided by an individual with a Bachelor's Degree in one of the social sciences with one-year experience and who has supervisory access to licensed professional possessing, at a minimum, a Master's Degree in one of the behavioral sciences.

    e. Emergency Placement Services. Services are available 24 hours a day through an on-call system which stabilize children and families by locating alternative short-term placement in

emergency situations.

f. Respite. Services to provide agency resource parents or family members appropriate periods of break in care giving. Respite is defined as a brief break in care, with the child returning to the original placement. Respite is generally seventy-two (72) hours or less in duration.

g. Community Support Services. Identification, recruitment, development, and referral to community services to support the service needs of the child and/or family to maintain and facilitate permanency is an essential component of services to children and families.

h. Services for Developmentally Delayed Children. Specialized services designed to address the developmental deficits and developmental skills needed and assistance with transitioning youth to adult services in coordination with the Department of Mental Health and Developmental Disabilities.

i. Family Planning Counseling and Referral. Education and guidance provided to a child and/or family regarding planning/preventing childbirth. These services may include alternatives available for pregnant teens.

j. Transportation Services. Providing or coordinating transportation services to the child and/or family to ensure participation in provided services, court hearing, foster care review hearings, case related meetings, family visits and related services. Transportation over 250 miles per week, out-of-state visits, or out-of-state travel for reunification efforts may be supported by flex funding if recommended by the child and family team.

k. Placement Stability and Intervention - Wraparound, emergency response, crisis intervention, or child/family specific intervention and support which stabilize placement and avoid movement or disruption. Services are available 24 hours on an on-call basis.

E. Services to the Permanency Family

The Agency will follow all criteria listed in Core Standards including 2 face-to-face contacts per month and other services recommended by the Child and Family Team Meeting.

F. Education of the Child/Youth

1. The agency has a formal process and identifies a designated individual for educational/school liaison and support.
2. Former school records are obtained promptly upon admission and up-to-date records are provided to the new school when the child is referred elsewhere.
3. Private provider agency personnel facilitate school transfers and provide consultation as needed to the professionals in off-campus educational settings.
4. The agency provides tutoring, academic enrichment or other services needed for the child to successfully achieve educational goals.

G. Placement Types

The Provider, in coordination with the Department of Children's Services staff, all involved adults, and age appropriate child/youth identifies services needed by the child and family to progress to permanent placement out of State custody. Placement is determined through the use of a CFTM which addresses the treatment needs of the child and family, child safety issues or concerns, and community safety. The Provider must provide, or have an approved subcontract for the following array of placements:

1. **Residential Treatment**. A residential treatment facility meeting Level III standards and licensed as a mental health residential treatment facility for Children and Adolescents through the Tennessee Department of Mental Health and Developmental Disabilities. The child requires 7 days per week/24 hours per day to develop skills necessary for daily living and to develop the adaptive and functional behavior that will allow him/her to live in a less restrictive setting. This setting offers a total milieu of therapy, active psychotherapeutic intervention, and specialized care in a restrictive and/or specialized setting. These services may include specialized intervention such as substance abuse or sexual offender intervention services. Placement in Residential Treatment must be clinically necessary and documented as the most appropriate option for treatment. Educational services must be met through the most appropriate environment appropriate to meet the educational and treatment needs of the child. This includes both general and special education programs. Level III residential treatment programs must operate or have through subcontract, on-site educational programs approved by the State Department of Education and recognized by the Department of Children's Services. Any child receiving educational services in a self-contained (in-house) school setting must be approved for these services through a child and family team review, as outlined in Department of Children's Services educational policy.
2. **Group Care.** a group care facility, which meets the Level III Scope of Services in the Provider Policy Manual. This service type includes wilderness, alcohol and drug intervention programs, and programs with self contained educational programs. This level of service includes specialized independent living programs. Placement of a **Brian A. class member** in any Level III Group Care Program with over eight (8) children in one location must be approved by the Regional Administrator and be specifically recommended as the most appropriate placement site through a CFTM.

   Educational services must be met through the most appropriate environment appropriate to meet the educational and treatment needs of the child. This includes both general and special education programs. Level III residential treatment programs must operate or have through subcontract, on-site educational programs approved by the State Department of Education and recognized by the Department of Children's Services. Any child receiving educational services in a self-contained (in-house) school setting must be approved for these services through a CFT review, as outlined in the Department of Children's Services educational policy.
3. **Therapeutic Foster Care**. High intensity foster care which includes recruitment, training, and support services to resource parents trained to meet the needs of youth who are appropriate for family based care but require a higher level of behavioral intervention, case coordination, and/or counseling services.

   Children and resource families at this level of care require a high level of intervention, wraparound, and coordinated services to facilitate stability. Children in therapeutic foster care will attend public school.

   Educational services must be met through the most appropriate environment appropriate to meet the educational and treatment needs of the child. This includes both general and special education programs. However, when a Level III therapeutic foster care student exhibits extreme behavior in school, the program must provide whatever therapeutic supports are necessary to maintain the child in public school. If students ultimately can not attend public school, the agency

program must provide an optional school that is approved by the State Department of Education and recognized by the Department of Children's Services. Any child receiving educational services in a self-contained (in-house) school setting must be approved for these services through a child and family team review, as outlined in Department of Children's Services educational policy.

4. **Foster Care**. Each continuum has a separate foster care contract. When a CFT determines that the child and family do not require wraparound services, intensive behavioral intervention, and intensive case management, the team may recommend movement or transition from the continuum contract to a foster care contract.
5. **In-Home Services**. A wide array of services offered to families and children placed with family members. These services are coordinated and include but are not limited to services identified in the Permanency Plan as necessary to achieve permanency and stability for the child and family. Services must meet standards outlined in the Provider Policy Manual.

H. Accessing Managed Care Organization (MCO) and Behavioral Health Organization (BHO) Services

1. With some limited exceptions, children in DCS care are eligible for TennCare. While in custody, and for six months after leaving custody, the MCO assignment for TennCare eligible children is TennCare Select. The MCO provides all medically necessary medical services. The Level III providers should coordinate with the MCO for these services. The BHO provides behavioral services on an outpatient basis. Because DCS residential providers also furnish residential behavioral services, coordination of outpatient services is required.
2. Determinations of when a Level III continuum provider is responsible for providing a mental health service as well as when the provider may access that service through an outside BHO provider and have it paid for directly by TennCare depends on the type of setting in which the child is placed. When a child in a Level III Continuum is being served in a residential treatment facility, the continuum provider is responsible for supplying all psychiatric services (e.g., psychiatric evaluations, medication management) and all needed specialized treatment services (e.g., alcohol and drug treatment, sexual offender treatment).
3. When a child in a Level III continuum Is being served in a community placement (i.e., group home, resource home), the continuum provider may access an outside BHO provider in the community to supply psychiatric services and specialized treatment services. The outside BHO provider who delivers these services would be paid via TennCare. The continuum provider does not pay for these services out of their per diem.
4. For all children in Level III continuum programs, psychological testing can be obtained from an outside BHO provider. Continuum providers are not responsible for providing psychological testing as part of their daily per diem rate and scope of services.

IV. LEVEL III SPECIAL NEEDS CONTINUUM OF CARE

The Level III Special Needs Continuum of Care is designed to serve a unique population of children who can not be served in the other continuum programs due to their special needs.

A. Admission/Clinical Criteria

1. Children eligible for this level program have been identified by a mental health professional as having serious emotional and/or behavioral problems and are in need of treatment. All children are either developmentally delayed, sexual offenders, or have substance abuse-related disorders.
2. Children may also have the following behavioral characteristics and/or treatment needs:
    a. Children have mental and behavioral health issues that require 24-hour intervention and supervision.
    b. Children have been identified as having severe mental health treatment needs.
    c. There is evidence of an impairment of functioning in the following settings: family, school, and community. Children in this population may have significant disturbances in environmental relationships such as severe disruptions of relationships within the family or with significant others as well as persistent maladjustment of peer and other social relationships or other influencing systems, which interfere with learning and social development.
    d. Children may have serious disturbance of affect behavior or thinking, or the potential for danger to self or others. There may be the evidence of serious developmental disturbances such as a failure to achieve or behavioral patterns with destructive psychological, physical or social consequences.
    e. The need for a staff secure setting where continuous supervision is provided.
    f. The need for a therapeutic milieu to provide reeducation, re-socialization, and/or psychotherapy.
    g. Children may be of any adjudication type.
    h. Children appropriate for this level of care may have medical or psychiatric disorders which require twenty-four (24) hour intervention and supervision such as an eating disorder, disordered thought process, brittle unstable diabetes, suicidal ideations, sexual impulse disorders or impulsive acts of aggression.
    i. Children in need of this level of care may have substance abuse treatment needs but are not in need of medical detoxification.
    j. Children in this service type may need evaluation and assessment for medication and medication management.
    k. Children may pose high risk for elopement, instability in behavior and mental health status, or acute episodes.
    l. Children with primary diagnosis of mental retardation are evaluated on a case-by-case basis. Children with an IQ lower than 55 or who have adaptive functioning indicating moderate to severe mental retardation are not appropriate unless the agency is licensed for this service type.
    m. Children appropriate for this level of care, are not acutely suicidal, homicidal or do not have psychosis not controlled with medication. They do not require incarceration for major acts of

violence or aggression which have occurred within the past six (6) months.

3. Families of these children often have serious needs for intervention, support, and coordination of services and may have multiple needs including need for counseling, alcohol and drug intervention, community support, mental health service coordination, domestic violence intervention, or other issues.
4. These children have not successfully responded to less intensive interventions or have been denied admission or discharged from less intensive placements because of their emotional or behavioral problems.
5. A diagnosis of mental retardation may not be used as the sole basis to refuse admission to a child when the child's behavioral issues fall within the program's Scope of Service. Review of referrals of children with a diagnosis of mental retardation must be based on assessment of both the child's intellectual and adaptive level of functioning using professionally accepted assessment instruments.
6. Children who are considered *ineligible* for Level III programs are those who are severely autistic, actively psychotic, diagnosed with moderate or more severe mental retardation, unless the program is designed to serve children with mental retardation or who are actively suicidal or homicidal. Other youth who are ineligible for this level of treatment program are those who have displayed major acts of violence or aggression which indicate a risk to the community, such as rape, unless the program is designed to serve sex offenders, arson, assault with a deadly weapon, murder, or attempted murder within the past six (6) months.
7. The agency may not deny admission to children who have been determined to meet the scope of services.

B. Personnel

1. The service has qualified personnel who can meet the developmental and therapeutic needs of all children accepted for care and services.
2. The agency shall adhere to the personnel requirements for each placement type within the continuum, as outlined in the Core Standards, Foster Care, Therapeutic Foster Care, and Residential sections of this manual.

C. Service Overview

1. The agency shall meet the standards set forth in Chapter One, Core Standards; Foster Care; Therapeutic Foster Care; Residential; and Level III Continuum.

D. Service Components Provided within the per diem

See Level III Continuum.

E. Services to the Permanency Family

See Level III Continuum.

F. Education of the Child/Youth

See Level III Continuum.

G. Placement Types

See Level III Continuum.